

WEWOR

ACORDTM**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**DATE (MM/DD/YYYY)
10/23/2020

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Rampart Brokerage Corp. 1983 Marcus Avenue, Suite C130 Lake Success, NY 11042		PHONE (A/C, No, Ext): 516-538-7000	COMPANY NAME AND ADDRESS Sompco America Insurance Company		NAIC NO: 11126
FAX (A/C, No): 516-390-3555	E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE All Risks including Builder's Risk		
AGENCY CUSTOMER ID #: 52966			LOAN NUMBER 301880104		POLICY NUMBER FTMS1037L0
NAMED INSURED AND ADDRESS 117 NE 1st Ave Tenant LLC; WeWork Inc. & WeWork Companies LLC 115 West 18th Street New York, NY 10011			EFFECTIVE DATE 11/01/2020	EXPIRATION DATE 11/01/2021	CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S) Security Building AR Owner LLC			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☒ BUSINESS PERSONAL PROPERTY

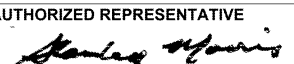
LOCATION/DESCRIPTION 117 NE 1st Avenue Miami, FL 33132
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 300,000,000		All Risks - Per Occurrence		DED: \$10,000	
	YES	NO	N/A		
<input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT: INCLUDED YES Actual Loss Sustained; # of months 18	
BLANKET COVERAGE	<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$ \$33,515,082	
TERRORISM COVERAGE	<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT: \$2,500,000 DED: \$10,000	
FUNGUS EXCLUSION (IF "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST	<input checked="" type="checkbox"/>				
AGREED VALUE	<input checked="" type="checkbox"/>				
COINSURANCE		<input checked="" type="checkbox"/>		If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: \$100,000,000 DED: \$10,000	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: INCLUDED DED: \$10,000	
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT: \$25,000,000 DED: \$10,000	
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT: 25000000 DED: \$10,000	
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: 100000000 DED: \$50,000*	
FLOOD (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: 100000000 DED: \$50,000*	
WIND/HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions	<input checked="" type="checkbox"/>			If YES, LIMIT: INCLUDED DED: \$10,000*	
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions	<input checked="" type="checkbox"/>			If YES, LIMIT: \$300,000,000 DED: \$10,000*	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>				

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

CONTRACT OF SALE <input checked="" type="checkbox"/>	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE <input type="checkbox"/>	LENDER SERVING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS PILLAR FUNDING LLC Its Successors & Assigns, ATIMA c/o Wells Fargo Bank, NA as Servicer D1118-02W, 1525 West WT Harris Blvd Charlotte, NC 28262			AUTHORIZED REPRESENTATIVE 

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

Building Value: \$18,900,000

Tenant Improvements & Betterments: \$13,606,480

Extended Period of Indemnity: 365 days

Certified Acts of Terrorism coverage included.

30 days notice of cancellation will be provided in accordance with the policy provisions, 10 days for non payment of premium.

All-Risk Property insurance inclusive of Tenant's Improvements & Betterments.

A Waiver of Subrogation applies in favor of the Certificate Holder as required by written contract or agreement.

**** Additional Sublimits/Deductibles ****

Course of Construction/Builder's Risk: \$50,000,000

Earth Movement Limit in the State of California, Pacific Northwest, and New Madrid Seismic Zones Per

Occurrence & Annual Aggregate: \$25,000,000

Earth Movement Deductible in the State of California: 5%, minimum of \$100,000

Earth Movement Deductible in Pacific Northwest and New Madrid Seismic Zones: 3%, minimum of \$100,000

Flood Limit in Special Hazard Flood Areas Per Occurrence & Annual Aggregate: \$25,000,000

Flood Deductible in Special Hazard Flood Areas Per: \$250,000

Wind Deductible - Tier 1 Wind Counties: 5%, minimum of \$100,000